

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00402800		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Steve Cobble			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2015		
Mailing Address 609 Irving St. NW			Amount 452.38		
City Washington		State DC	Zip Code 20010		Transaction ID : SE.138711
Purpose of Expenditure Reimbursement for travel for speech		Category/Type 002		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 22 / 2015	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u>		
Calendar Year-To-Date Per Election for Office Sought 520.03			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Minuteman Press			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 30 / 2015		
Mailing Address 905 S. Neil St. Ste. B			Amount 109.13		
City Champaign		State IL	Zip Code 61820		Transaction ID : SE.138702
Purpose of Expenditure Flyers		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 30 / 2015	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>		
Calendar Year-To-Date Per Election for Office Sought 34794.12			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			561.51		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Kimberly Buchan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 04 / 14 / 2016		